

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #	
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled): Original				
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)				
OWNER NAME : Con Edison Co. of NY, Inc.				
address: 4 Irving Place				
City: New York	State: NY	Zip: 10003-3502		
Contact: Kenneth Toomev	Tel: 718 3906230			
REMOVAL CONTRACTOR: Delta Environmental, Inc.				
Address: 71 Green Street				
City: Brooklyn	State: NY	Zip: 11222		
Contact:	Tel: 718 302 4605			
OTHER OPERATOR:				
address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation): R				
IV. IS ASBESTOS PRESENT? (Yes / No) Y				
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)				
Bldg Name: West 19th Street Substation				
Address: 147 7th Avenue				
City: New York	State: NY	County: New York		
Site Location:				
Building Size: 22,089	# of Floors: 1	Age in Years: 64		
Present Use: Substation	Prior Use: Substation			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL : plm/TEM				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Cat I	Cat II	UNIT
Pipes	0	0	0	LnFt: <input checked="" type="checkbox"/> Ln m:
Surface Area	255	0	0	SqFt: <input checked="" type="checkbox"/> Sq m:
Vol RACM off Facility Component	0	0	0	CuFt: <input checked="" type="checkbox"/> Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		10/10/2016	Complete: 11/30/2016	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Renovation			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Wet methods/engineering controls			
XII. WASTE TRANSPORTER #1			
Name : Asbestos Transp. Company, Inc.			
address: 2 Moriches Middle Island Road			
City: Shirley	State: NY	Zip: 11967	
Contact:		Tel: 631 924 5050	
WASTE TRANSPORTER #2			
Name :			
address:			
City:	State:	Zip:	
Contact:		Tel:	
XIII. WASTE DISPOSAL SITE			
Name : Minerva Landfill			
address: 9000 Minerva Road			
City: Waynesburg	State: OH	Zip: 44688	
Tel: 330 866 3435			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name :		Title:	
Authority:			
Date of Order(MM/DD/YY) :		Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY) :			
Description of the Sudden, Unexpected Events :			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. stop work, secure area, wet methods/engineering controls.			
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
		Signature of Owner/Operator	9/23/2016 (Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
		Signature of Owner/Operator	9/23/2016 (Date)

SEP 22 2016

ACB Villan